

JASON WEIDA SECRETARY

MEMORANDUM

Date: March 31, 2024

To: Johnnie Mae Peters, Program Operations Administrator, Finance and Banking

From: Prom: Yndia Rutland, Regulatory Analyst Supervisor

Subject: Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP.

	<u>Provider Name</u>	Provider Number	Type of Action	Number of Rate Change Notices
1.	FORT MYERS REHABILITATION AND	0 163903-00	FA	1
	NURSING CENTER			
2.	CROSS CITY NURSING AND	0 173314-00	CS	1
	REHABILITATION CENTER			
3.	MANOR CARE @ LELY PALMS	0 325422-00	FA	1
			Total:	3

If you have any questions regarding the above, contact Nairobi Robinson at Nairobi.Robinson@ahca.myflorida.com.

NR/kg



		Single Level	Level H: AIDS	Single Level	Single Level		
Provider	Effective Date Format	Intermediate I	Skilled AIDS	Intermediate II		MFAO	Audit
							7 7 7
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
016390300	20170901	264.74	0.00	264.74	264.74	94445-24	NH16-186C
017331400	20170901	212.27	0.00	212.27	212.27	94445-24	
032542200	20170901	236.05	0.00	236.05	236.05	94445-24	NH16-083C



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FORT MYERS REHABILITATION AND NURSING CENTER 7173 CYPRESS DRIVE SW FORT MYERS, FL 33907-2994			Provider Number:		0 163903-00 11/13/2020			
			Date:					
			Fiscal Year End:	6/30/2016				
			Audit Status:		Field Aud	lited		
Provider Type:								
				Current	New	Effective		
				<u>Rate</u>	<u>Rate</u>	<u>Date</u>		
Nursing Home Sing	gle Level			<u>263.38</u>	<u>264.74</u>	<u>9/1/2017</u>		
Rate Type:								
Interim		X	Prospective					
Internii	Total Interim			l Prospective				
	Interim Component			-	with Interim	Component		
X	Settlement based on cost			- · · · · · · · ·		r		
-	Prior Provider Prospective data							
Basis:		Cha	inges:					
			Rate Semes	ter Change				
Budget			X Field Audit	#NH16-186	C FYE 6/30/2	2016		
Unaudited	d costs							
X Field audi	ited costs							
Desk audi	ited costs							
Distribution:			Zainab Day					
Contract Management / Fiscal Agent			Medicaid Cost Reim		lanning and F	inance		
Permanent File								
For Information Onl	ly							
No Change in Rate								
Home Office:	No Home Office							
	7.5							
PK5WS Report Ca	lculated: 11/13/2020 12:46:33 PM Rep	ort Printed	I:11/13/2020 ID: 16:	390306302016	5010120161108	32016122231		



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CROSS CITY NURSING AND REHABILITATION CENTER 583 NE 351 HWY CROSS CITY, FL 32628			Prov	vider Number:		0 173314-00			
			Date	:		2/21/2024 6/30/2017			
			Fisc	al Year End:					
			Aud	it Status:		Unaudit	ed		
Provider Ty	pe:								
Nursing Home Single Level					Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>		
					<u>243.81</u>	<u>212.27</u>	9/1/2017		
Rate	Type:								
Tutt	z i jpc.								
	Interim		X Pro	ospective					
		Total Interim			al Prospective				
		Interim Component		Tota	al Prospective	with Interim	Component		
	X	Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Changes						
Dasis.			Changes		ster Change				
	Budget		X		ement FYE 06	5/30/2017			
X	Unaudited	costs							
	Field audite	ed costs							
	Desk audite	ed costs							
<u>Distribution:</u>				Yndia Rutland					
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance						
Permanent File	e								
For In	formation Only	7							
No Cha	ange in Rate								
На	ome Office:	No Home Office							
110		1.0 Home Office							
DLM1A	Report Calc	culated: 2/21/2024 11:23:46 AM Repo	ort Printed :2/21	/2024 ID: 17	7331406302017	7092820161220	02023091534		



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MANOR CARE @ LELY PALMS 6135 RATTLESNAKE HAMMOCK ROAD NAPLES, FL 34113			Provider Num	Provider Number:			0 325422-00		
			Date:		1/12/2021				
			Fiscal Year E	nd:		12/31/2015			
			Audit Status:			Field Aud	ited		
Provider Type: Nursing Home Single Level				(Surrent Rate	New <u>Rate</u>	Effective <u>Date</u> 9/1/2017		
				2	236.02	236.05			
Rate	Type:								
	_Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective d	X Prospective X ata	_	rospective rospective	with Interim	Component		
Basis:	Budget Unaudited Field audi Desk audi	ted costs		Semester Audit #N	•	C FYE 12/31/	/2015		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only			Medicaid Cost	Yndia Rutland Medicaid Cost Reimbursement Planning and Finance					
No Cha	ange in Rate								
Но	ome Office:	HCR ManorCare Services, L 333 North Summit Street Toledo, OH 43604	LC						
NPXYE	Report Cal	culated: 1/12/2021 4:09:02 PM	Report Printed: 3/25/2024	ID: 32542	2212312015	100120140414	2016105313		